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These guidelines are for the development and operation of approved programs to prepare medical record technicians. "School Approval" discusses the cooperative roles of the American Medical Association (AMA) Council on Medical Education and the American Association of Medical Record Librarians (AAMRL) in connection with program approval, and other subjects related to approval. "School Organization and Administration" discusses: (1) types of programs, (2) faculty qualifications, (3) financial support and budget, (4) advisory committees, (5) school bulletins, (6) student handbooks, (7) required services and facilities, (8) recruitment, (9) student selections, (10) records, (11) student personnel policies, and (12) school responsibilities. "Medical Record Technology Curriculum Content" discusses: prerequisites, technical content, and laboratory, directed practice, affiliation programs, and field trips. Guidelines for the development of programs in junior colleges are presented in detail. Other major sections treat hospital affiliation, AAMRL services, loans and scholarships, and required reports. (JK)

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SCHOOL ADMINISTRATION

HANDBOOK

for

SCHOOLS FOR MEDICAL RECORD TECHNICIANS

AMERICAN ASSOCIATION OF MEDICAL RECORD LIBRARIANS
211 East Chicago Avenue
Chicago, Illinois 60611

VT008647

Prepared by the Director, Academic Department
AAMRL

with the advice of the
Education and Registration Committee

Designed to serve as a guide for those institutions wishing to organize approved educational programs for medical record technicians, as well as an administrative handbook for directors of schools already established.

Revised April, 1966

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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SCHOOL ADMINISTRATION HANDBOOK

for

APPROVED SCHOOLS FOR MEDICAL RECORD TECHNICIANS

American Association of
Medical Record Librarians, Chicago, Ill.
211 East Chicago Avenue
Chicago, Illinois 60611

TABLE OF CONTENTS

Essentials for the Training of Medical Record Technicians

I. SCHOOL APPROVAL (Page 1)

- A. Approving Agency
- B. Official Actions
- C. Procedures for School Approval
- D. School Consultation Service
- E. Pre-Approval Survey
- F. Approval of New Schools
- G. Surveys for Continued Approval
- H. Withdrawal of Approval
- I. Information for Schools Applying for Accreditation

II. SCHOOL ORGANIZATION AND ADMINISTRATION (Page 3)

- A. Basic Types of Schools
- B. School Director and Faculty Qualifications
- C. Financial Support and Budget
- D. School Advisory Committee
- E. School Bulletin
- F. Student Handbook
- G. Required Services and Facilities
- H. Recruitment
- I. Admission Requirements; Student Selection; Foreign Students
- J. School Records and Student Records
- K. Student Personnel Policies; Employment; Stipends
- L. Responsibilities of the Teaching Institution

III. MEDICAL RECORD TECHNOLOGY CURRICULUM CONTENT (Page 11)

- A. High School Pre-requisites
- B. Technical Curriculum Content
- C. Directed Practice
- D. Guidelines for Junior College Programs
- E. Laboratory, Directed Practice, Affiliation Programs, Field Trips

IV. HOSPITALS ASSOCIATED WITH THE TEACHING PROGRAM (Page 22)

- A. Primary Teaching Unit Facilities
- B. Other Affiliated Hospitals
- C. Guidelines for Selection of Hospital Affiliation Sites

V. AAMRL SCHOOL SERVICES AND PROFESSIONAL REQUIREMENTS (Page 24)

- A. School Administration Workshop
- B. Education Program Newsletter
- C. Education Issue of the JAAMRL
- D. Recognition of Graduates
- E. Accreditation Examination of the AAMRL
- F. General Information

VI. STUDENT LOAN FUND AND SCHOLARSHIPS - FORE (Page 26)

A. The Grace Whiting Myers - Malcolm T. MacEachern Student Loan Fund
B. Eligibility
C. Terms of Loan
D. Procedure for Application
E. State and Local MRL Association Loan Funds
F. Scholarships

VII. SCHOOL ADMINISTRATION FORMS AND REPORTS (Page 28)

A. Official List of School Graduates
B. Student Evaluation Forms
C. Annual AMA School Report Form

Appendix - Sample Forms

A.M.A. Annual Report on Schools for Medical Record Technicians
Annual List of Graduates - for AAMRL
Student Evaluation Forms
School Survey Information Form

ESSENTIALS OF AN APPROVED SCHOOL FOR MEDICAL RECORD TECHNICIANS

Approved by the Council on Medical Education of the
American Medical Association

in collaboration with the
American Association of Medical Record Librarians

Revised to December, 1965

The Council on Medical Education of the American Medical Association in collaboration with the Committee on Education and Registration of the American Association of Medical Record Librarians establishes standards for medical record technician education, surveys and approves educational programs for students in medical record technology, and publishes lists of those programs which are acceptable for the information of hospitals, colleges, medical schools, physicians, prospective students, and for the protection of the public.

These standards are to be used as a guide for the development of an effective technical education program for the practice of medical record science. The general principles to be followed in the establishment of programs for medical record technicians as outlined in the following sections, should be observed.

The objectives of a training program for medical record technicians are to help the student gain an understanding of the significance of the work of the Medical Record profession, and of the place of the medical record librarian and medical record technician within it; to help him acquire the skills and knowledge to become a competent medical record technician; and to guide him in the development of conduct and attitudes that will be expected of him as a member of the health team.

I. Organization and Administration

1. Technical educational programs may be established in colleges accredited by their respective regional associations, provided that hospitals suitable for directed experience are available. Educational programs of no less than the equivalent of nine months study may also be established in hospitals for students whose education meets the requirements outlined in item 18. Hospitals involved in educational programs should be acceptable to the Council on Medical Education and should be accredited by the Joint Commission on Accreditation of Hospitals.

2. Financing of the educational program should not depend solely upon student tuition fees but should be assured through stated college or hospital budgets, gifts or endowments in the same proportion as other technical educational programs sponsored by the institution.

3. The director of the program, whose qualifications are acceptable to the Council on Medical Education shall be responsible for the organization and administration, periodic review, continued development and general effectiveness of the educational program. In carrying out these functions, he shall be guided by the standards set forth in these Essentials, and by the established policies of the institution or institutions concerned. Schools may wish to appoint an advisory committee to assist in formulating these policies.

4. A bulletin describing the curriculum should be issued at least biennially. It should include information regarding the organization of the program and a listing of required courses, entrance requirements, tuition, and fees, and the information concerning hospitals and facilities used for directed practice experience.

5. In colleges, selection of students should be made by the admissions office in cooperation with those responsible for the educational program in accordance with the generally accepted practice of the school. In hospital sponsored programs, selection of students should be made by an admissions committee in cooperation with those responsible for the educational program. Admissions data should be on file at all times in

colleges or hospitals sponsoring the program. All applicants should be required to submit adequate evidence of satisfactory physical and mental health.

6. A record of class participation and accomplishment of each student should be kept in accordance with the college or hospital requirements. A detailed analysis of the laboratory experience and directed practice of each student should be on file.

7. Copies of the course outlines, class schedules, directed practice schedules and teaching plans should be on file in colleges and hospitals, and open for review.

II. Services and Facilities

8. A student health service should be available for evaluation and maintenance of mental and physical health.

9. A counseling service should be available for student guidance.

10. Library facilities should be readily accessible and should contain an adequate supply of books, periodicals and other reference materials related to the curriculum.

11. Appropriate equipment and supplies should be provided in sufficient quantities for demonstration and student participation. Classroom facilities should be available. Charts, models, slides, films, sample files, specimens and other appropriate teaching aids should be provided.

12. A medical record department (or departments) should be designated as the primary teaching unit for demonstration, student observation, and initial directed practice experience. The directed practice material provided in the primary teaching units should include functions and standards of procedure of sufficient scope to illustrate generally accepted medical record practice.

13. In addition to the primary directed practice teaching unit other medical record departments may be used for directed practice experience. These medical record departments should be in institutions or agencies which have sufficient qualified, experienced medical record personnel, adequate equipment and directed practice material to provide the type and amount of experience for which the student is assigned. Each of these departments should be under the direction of a medical record librarian whose qualifications are acceptable to the Council on Medical Education.

III. Faculty

14. The instructional staff should be qualified through academic preparation and experience to teach the subject (or subjects) assigned. A planned program for upgrading of faculty should be provided.

15. The director or coordinator of the program should have a baccalaureate degree, registration with the AAMRL, and three years experience in the general practice of medical record science; or other appropriate educational qualifications or experience satisfactory to the two bodies concerned with accreditation.

16. The instructional staff should include one or more qualified medical record librarians. Sufficient staff should be available to instruct, counsel and supervise in the various facets of the educational program. The student-instructional staff ratio should at least be in the same proportion as similar technical education programs sponsored by the educational institution.

17. In each directed practice area, there should be qualified personnel with adequate experience in the specialized areas of medical record practice to which the students are assigned under the general direction of the director of the program.

IV. Educational Program

18. Admission Requirements: Candidates for admission should have completed the requirements for high school graduation or should have passed a college entrance examination for admission to an accredited college or university. They should be proficient in typing. A background in mathematics and the biological sciences would be advantageous.

19. Technical Curriculum: The curriculum shall be designed to assure that students develop an appreciation of their working relationships to medical and paramedical personnel. They shall acquire an understanding of the contents of medical records, and of the ethical and legal principles governing their use.

Incorporated in the program for the preparation of medical record technicians should be planned laboratory experiences and directed practice which provide a transition from theory to application. These activities should include both laboratory practice and field assignments, case studies and similar educational designs which allow for the application of previous and on-going technical learning under the direction of competent instructors and practitioners.

The course of training should include not less than nine months of theoretical instruction and practical hospital experience, in order that students acquire the following technical skills:

1. Skills in registration of in and outpatients.
2. Numbering, filing, and preservation of medical records.
3. Assembling and analyzing medical records for completeness and accuracy.
4. Collecting medical care and census data for statistical purposes, and computing and preparing of statistical reports.
5. Maintenance and use of indexes of patients, physicians, diseases and operations.
6. Transcribing medical reports.
7. Coding of diseases and operations by the *Standard Nomenclature of Diseases and Operations* and the *International Classification of Diseases Adapted.*
8. Proper use of information from medical records.
9. Recording and reporting of vital statistics.
10. Adaptation of secretarial skills to the work of the medical record technician.

THEORETICAL INSTRUCTION

Theoretical instruction may be presented by formal lectures, and informal conference, or seminars, and should include the following:

Medical Terminology ..... 45 clock hours lecture
(Prefixes, suffixes, roots, abbreviations, disease, operative and drug terms. A study of terms related to all areas of medical science, hospital service, and the paramedical specialties.)

Anatomy and Physiology..... 60 clock hours lecture

Medical Record Science ..... 90 clock hours lecture
- 90 clock hours laboratory
(Orientation to the hospital and the medical record department, obtaining, preserving, and using medical records, coding according to SNDO and ICDA, statistics, legal aspects of medical records, ethics.)

195 clock hours lecture - 90 clock hours laboratory

DIRECTED PRACTICE (Practical Experience)

Practical experience should be provided of sufficient quality and scope to prepare the student for active participation in the performance of technical duties in the medical record department. Repetitive activities which do not advance the skills of the students should be avoided.

Admitting Procedures
Admitting Office ..... 20 clock hours
Authorization for admission, interview and recording of sociological data, assignment of hospital number, preparation of admission forms and registers.

Medical Record Department..... 40 clock hours
Preparation of index cards, chart folders, correlation with previous records, maintenance of patient index.

Machine Transcription.....120 clock hours
(including reports and record systems of adjunct service departments)

Statistics.....60 clock hours
Daily, monthly and annual reports; daily census; vital statistics, birth and death certificates.

Discharge Procedures .....100 clock hours
Assembling records, checking for completeness, daily analysis, record completion procedures.

Coding and Indexing .....100 clock hours
SNDO and ICDA coding, maintenance of diagnostic, operative, physicians indexes.

Legal Aspects ..... 20 clock hours
Subpoenaes; taking records to court; preparing records for court; release of information.

Secretarial Practice..... 80 clock hours
Correspondence; medical abstracts; insurance reports; receptionist and and telephone functions; contact with public and hospital staff.

Total - 540 clock hours
Directed Practice

The above directed practice outline does not constitute absolute clock hour requirement, but is intended as a guide for the organization of the educational program.

V. Admission to Approved List

20. Application for approval of schools for medical record technicians should be made to the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610. Forms will be supplied for this purpose upon request.

21. Approval may be withdrawn whenever, in the opinion of the Council, a school does not maintain an educational program in accordance with the above standards, or has not been in operation for a period of two consecutive years.

22. Approved schools should notify the Council on Medical Education whenever personnel or major curriculum changes occur in relation to the administration of the school.

VI. General Information

23. Inquiries regarding accreditation of Medical Record Technicians and careers in the field of medical record science should be addressed to the American Association of Medical Record Librarians, 211 East Chicago Avenue, Chicago, Illinois 60611.

SECTION I. SCHOOL APPROVAL

A. Approving Agency - the Council on Medical Education of the American Medical Association is the official accrediting agency for all schools for medical record librarians and medical record technicians.

The Council, in collaboration with the Committee on Education and Registration of the American Association of Medical Record Librarians, establishes standards for the education of medical record librarians and technicians, and surveys and accredits educational programs in medical record science. It publishes lists of approved programs for the information of prospective students, hospitals, colleges and universities, medical schools, physicians, and for the protection of the general public. The Associate Secretary, Council on Medical Education of the American Medical Association, is the liaison between the AMA and the AAMRL. Communications regarding medical record science programs are channeled through him.

B. Official Actions - The Council is responsible for all official actions pertaining to approved schools. Therefore, notification of any major change in school administration must be sent to the Associate Secretary of the Council by the School Director, Dean of the college or university, hospital administrator, or other individual administratively responsible for the school. Major changes would include replacement of the School Director or Assistant Director or a significant reorganization of the curriculum.

C. Procedures for School Approval - The approval of schools is the joint responsibility of the American Medical Association and the AAMRL. Preliminary planning for a school for medical record technicians should be done by correspondence with the Director, Academic Department, AAMRL, regarding the requirements for an approved school, faculty, and curriculum planning. Application blanks for school and director approval are obtained from the Associate Secretary, Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610. Completed applications are returned to the Associate Secretary, who, in turn, refers them to the Education and Registration Committee of the AAMRL. Final approval of a new program is given by the AMA upon the recommendation of the Education and Registration Committee, AAMRL.

New schools are not approved without a Director, whose qualifications meet the standards of the essentials. An application for approval of a school director will not be considered in the absence of an application for school approval, unless, of course, the application is for approval of a replacement for a former director of a school, already approved.

D. School Consultation Service - Upon request of a junior college or hospital planning to establish a school for medical record technicians, the Director, Academic Department, AAMRL, may serve as a consultant, expenses to be borne by the requesting institution.

E. Pre-Approval Survey - Before an application for approval of a new school will be acted upon, the Education and Registration Committee of the AAMRL requires that a pre-approval on-site survey be made by the Chief, Education Program, AAMRL. This is scheduled and conducted as soon as possible after receipt of the application for school approval from the AMA. The pre-approval school visit is mandatory, and is made at the expense of the AAMRL.

SECTION I. SCHOOL APPROVAL (Continued)

A pre-approval school survey is scheduled only after evidence is received that the school has made necessary plans and provision for a qualified director, faculty, classroom space, budget, and teaching materials, and has organized a satisfactory curriculum. It is not recommended that a new program be planned for only a few students. Planning for 8 to 10 students in each class is considered minimum for a new program, and larger classes are recommended.

F. Approval of New Schools - A two-year provisional approval is usually granted to a new school, if organization and administration of the program follows requirements of the essentials. A re-survey is conducted after 2 years.

G. Surveys for Continued Approval - Approved schools for medical record technicians are surveyed on a continuing basis, to insure that the educational programs are maintained at required standards. The usual interval is 4 or 5 years between surveys, for an individual program. A shorter interval may be recommended by the Education and Registration Committee, depending upon visit findings. School surveys may be done by the Director, Academic Dept., AAMRL along, or by a team of representatives of the AAMRL and the AMA. Reports of school surveys are reviewed by the Education and Registration Committee of the AAMRL, and recommendations concerning the continuation of approval of a school are forwarded to the Council on Medical Education of the AMA for final action.

H. Withdrawal of Approval - Approval may be withdrawn by the American Medical Association, upon recommendation from the Education and Registration Committee of the AAMRL, whenever a school does not maintain an educational service in accordance with these established standards. If an educational program has been inactive for two consecutive years, official approval may be withdrawn. Ordinarily, the Director of the program is requested to submit a report to the Council regarding reasons for inactivation of the program, and if the approving agencies are not satisfied that an acceptable program will ensue upon reactivation, approval may be withdrawn. The approving agencies would require a re-survey if an approved program, which had been inactive for two years, would announce reactivation.

I. Information for Schools Applying for Accreditation - is included in the Appendix of this Handbook. Materials to be provided for the school visits of the Director, Academic Department, AAMRL, are listed on the forms sent to the applying institution.

SECTION II. SCHOOL ORGANIZATION AND ADMINISTRATION

A. Basic Types of Schools

The two basic types of educational programs for medical record technicians are the Junior College and Hospital Certificate Programs. Educational institutions in which approved Schools for Medical Record Technicians may be established are:

1. Junior Colleges, accredited by their respective regional accrediting associations, provided that hospitals suitable for directed practice experience for students are available.

   Junior College Programs are ordinarily designated as Curriculum in Medical Record Technology, or a Program in Medical Record Technology, or a Course in Medical Record Technology. They may be one-year or two-year programs. The two-year programs may lead to an Associate in Arts or an Associate in Applied Science degree. Guidelines for the development of Medical Record Technician Programs in Junior Colleges will be found in Section III of this Handbook.

2. Hospitals, acceptable to the Council on Medical Education of the American Medical Association and accredited by the Joint Commission on Accreditation of Hospitals may serve as sites for certificate schools for medical record technicians. Programs must include no less than 9-10 months of study. The minimum educational requirement for students entering a hospital certificate program for medical record technicians is graduation from an accredited high school. Hospitals must have a minimum of 4,000 admissions annually. However, larger hospitals provide a wider range of clinical material for student directed practice in medical record keeping.

B. School Director and Faculty Qualifications

1. A director of the program is required for all schools, whether these be hospital certificate or junior college programs. Minimum requirements established by the AAMRL and the AMA for the director of an approved school for medical record technicians are:

   > A qualified medical record librarian, registered by the AAMRL, who has a baccalaureate degree from an accredited university or college, and three years of experience in general practice of medical record science; or,other appropriate educational qualifications or experience satisfactory to the two bodies concerned with accreditation.

   Directors of programs in junior colleges ordinarily are required to have a baccalaureate degree, and may be termed "director of a curriculum in medical record technology" or "coordinator of a program or curriculum in medical record technology". The directors of hospital certificate schools are ordinarily termed "School Directors".

2. There should be an Assistant Director for every approved school for medical record technicians, or a qualified registered medical record librarian instructor in addition to the director. Programs in hospitals should be planned with an adequate number of registered medical record librarians on the staff to carry out the responsibilities of

SECTION II. (Continued)

both a medical record service department and an educational program. The AAMRL considers minimum professional staffing for an approved hospital centered educational program to be a director and an assistant director for each school. For the collegiate programs, there should be a director of the curriculum in the junior college, and Registered Medical Record Librarians in the affiliated hospitals where the student medical record technicians obtain their directed practice experience. Student instructional staff ratio should be in the same proportion as similar educational programs sponsored by the junior college or hospital. Sufficient medical record librarian staff should be available to instruct, counsel and supervise the major areas within the technician's educational program.

C. Financial Support and Budget

1. Financing of the educational program should be available through regular budgets, gifts or endowments at the junior college or hospital, but may be obtained, in part, through student fees. Exorbitant fees or commercial advertising are considered unacceptable to the AMA and the AAMRL.

2. The director of the school should recognize his responsibility for budget planning, whether the educational program is hospital based or centered in a junior college. The type of program and institutional policy determines the method of budgetary allotment. However, the budget for an educational program in medical record technology should be established in the same manner as those of other programs being carried on by the educational institution. It is the responsibility of the school director to see that the budget for the medical record technology program is similarly planned.

3. Training programs conducted primarily for the purpose of substituting students for paid medical record personnel will not be considered for approval. The offer of a stipend to students is not recommended, but may be done if such practice is within hospital policy.

4. In hospital certificate programs, expenses for the school should be carefully estimated and documented. Budget should provide for salaries or stipends for instructional personnel, books and teaching materials, classroom and laboratory equipment and materials, required field trips, etc. School income should be carefully planned and a reasonable tuition established that is in line with tuition charged for similar educational programs conducted in the hospital. Gifts, scholarships, endowments, and the amount outside of income that the hospital will allocate to the educational program should be included in the budget. Budget should also provide for publicity and recruitment materials for the school, so that brochures, pamphlets, and other recruitment publications will be available for the use of the director.

D. School Advisory Committee - It is recommended that an Advisory Committee for the school be selected and appointed to assist in formulation of such school policies as student selection and admission policies, disciplinary measures,

housing, health and welfare provisions, scholarships and loans, etc. Such an Advisory Committee may not always be necessary in a junior college program, but may be useful. It would ordinarily be composed of those junior college administrative personnel immediately concerned with the MRT program. A School Advisory Committee is strongly recommended for all hospital certificate schools. Advisory Committee members should be chosen on the basis of their interest in the hospital educational programs and on the individual contributions they can make to progressive planning for the school. Persons who would be valuable members of a School Advisory Committee might be a medical staff representative, the hospital administrator or assistant administrator, director of medical education for the hospital, the director and assistant director of the medical record technician school, and a director or assistant director of another on-going educational program within the hospital. Other appropriate members of the School Advisory Committee might be representatives from the hospital volunteer group, an educational institution affiliated with the hospital, a high school or a junior college guidance counselor in the area.

E. School Bulletin - Every educational program for medical record technicians, whether hospital based or centered in a junior college, should publish a bulletin at least every two years. A school bulletin should contain information on the organization of the program, entrance requirements, names and academic rank of faculty, required courses, tuition and fees, and information concerning the affiliated hospitals and other off-campus educational sites, institutions or agencies used for student directed practice.

F. Student Handbook - A student handbook should be prepared by every school as an aid to student orientation and a guide to the educational institution's policies and services. It should contain specific information about personnel policies, class and practice hours, meal schedules, uniform requirements, student health services, employee benefits which would pertain to students, library and other educational facilities, and a floor plan of the institution, if possible. Standards of professional conduct should be clearly defined for the guidance of students. Provisions for probation for unsatisfactory students, clear deliniation of causes for dismissal from the program, policies regarding the refund of part or all of the tuition for drop-outs, and other disciplinary and monetary regulations should be clearly expressed so as to be well understood by students and faculty.

G. Required Services and Facilities

1. A student health service should be available for the evaluation and maintenance of mental and physical health. Student medical record technicians should have available to them the student health services of the junior college or the hospital in which the program is centered. If the institution has a health and medical care insurance plan for students in other programs, the student medical record technicians should be similarly eligible for enrollment. A physical examination, chest X-ray, and routine vaccinations are recommended on admission to all programs.

2. A consultant service should be available for student guidance. The school director and assistant director should assume responsibility for vocational and academic counseling and see that the students are aware of the facilities for personal counseling if this should become necessary.

3. Library facilities should be adequate and readily accessible to the students. A medical library under the direction of a qualified librarian should be available, with an adequate supply of books, periodicals and reference materials, related to medical record science. Students should have both loan and reference privileges.

4. Classroom facilities should be provided which would be similar to those provided for other educational programs in the hospital or junior college. Wherever possible, a separate classroom for medical record science is recommended, as well as a laboratory area in which appropriate equipment and supplies for student practice can be maintained. The laboratory area should contain charts, models, slides, teaching films, film strips, tapes, sample files and indexes, sample records and equipment for student practice. Each laboratory area should contain samples of indexing equipment, demonstrating various types of patient indexes, phonetic and alphabetical, disease and operation indexes maintained by Standard Nomenclature and International Classification Systems, a sample tumor registry, and other indexes and files demonstrating numbering and filing systems currently in use for medical record maintenance. Particularly important would be provision of the practice materials and equipment which would demonstrate medical record procedures not found in the affiliated hospitals. Examples of specific types of records required for nursing homes, outpatient clinics, dispensaries and doctors' offices should also be provided.

   Laboratory work should provide students with a wide range of experience in varied methods of medical record keeping, which are currently accepted as good medical record practice.

H. Recruitment - Schools are encouraged to develop and carry out their own recruitment programs. Descriptive literature about the work of medical record technicians is available from the AAMRL for use in conjunction with the schools' own brochures and catalogs. The component State Medical Record Librarian Association should be contacted by the school director for information regarding recruitment programs. The school director should secure the cooperation of the state association's public relations and recruitment chairman in recruitment activities. Each school should have information on the excellent materials available from the AAMRL Executive Office for recruitment purposes.

I. Admission Requirements; Student Selection; Foreign Students

1. Hospital Certificate Programs - minimum educational prerequisites for admission to a hospital certificate program for medical record technicians are established by the AAMRL as: Satisfactory completion of high school. Vocational courses such as typing, shorthand, bookkeeping, secretarial practice, or other courses in the secretarial sequences taken in high school will be helpful to students. Typing is required for entrance into all medical record technician programs.

Applications for admission to hospital certificate programs should include transcripts of high school credits; a report of recent physical examination, a picture of the candidate and personal, school or business references, if school policy requires them. In a hospital certificate program, it is recommended that student selection be accomplished by a school admissions committee. It is also recommended that as soon as practicable after enrollment, candidates be given a medical examination by the student health service or school physician, including a chest X-ray.

2. Junior college programs - selection and screening of student medical record technicians should be done in accordance with the usual admissions office procedures. Students in the medical record technician program should meet the academic requirements of the college for enrollment. The school director is encouraged to work with the college testing and counseling service to develop additional appropriate screening devices for applicants for the professional program, and may institute oral interviews or other screening techniques for applicants, consistent with college or university policy.

   Admissions data should be maintained in the office of the Registrar or Dean of Admissions of the Junior College and duplicate information need not be maintained in the School of Medical Record Science.

3. Students from foreign countries - the educational backgrounds of applicants from foreign countries should be carefully evaluated before students are admitted to an approved school for medical record technicians. If a foreign student applicant does not meet the minimum entrance requirements for the school for medical record technicians, he would not be eligible upon completion of the program to write the Accreditation Examination of the AAMRL.

   Transcripts of credits earned in schools in foreign countries should be referred by the school director to the National Office of Education, Research Assistant for Comparative Education, Department of Health, Education and Welfare, Washington 25, D. C. The NOE will furnish an evaluation of the credits, giving a statement of equivalent educational attainment in the United States. The statement should become part of the official school file on the student.

   Schools that wish to be approved for the admission of Non-Immigrant Foreign Students, under the provisions of the Immigration and Naturalization Service regulations of the U. S. Department of Justice, should obtain the proper forms from the nearest Immigration and Naturalization Service Office. Form I-17 is the "Petition for Approval of a School for Non-Immigrant Foreign Students."

   Schools in colleges that are regionally accredited, are eligible to participate in the Exchange-Visitor Program of the U. S. Department of State, for exchange students. Information about the enrollment of such exchange students, and Form DSP-37 Visitor-Exchange Program Application, may be obtained by writing to:

Chief, Facilitative Services Branch
Office of Cultural Exchange
Department of State
Washington 25, D. C.

J. School Records and Student Records - The permanent school records which should be maintained by the School Director would include course outlines for required professional courses. schedules of classes and directed practice experience, and teaching teaching plans, as well as list of graduates, and individual records of student achievement.

A record of student class participation and grades for theoretical instruction and practical experience should be maintained, in accordance with the junior college or hospital school requirements. A detailed report of the types of laboratory experience and directed practice experience of each student should be on file, as well as grades assigned for this part of the curriculum. Evaluation reports of supervisors of laboratory and directed practice work should be maintained.

Applications for admission to the program, as well as transcripts of high school or college preparatory work should be kept in the individual student's file, if these are not regularly maintained in the registrar's office. The school director may elect to keep a duplicate of these applications and transcripts in the school office, if she wishes. However, this is not required, if records are regularly maintained elsewhere in accordance with admission policies of the academic institution. Hospital certificate programs should keep this information in the individual student folders in the official school files. Results of admission or screening tests should also be maintained there.

Course outlines for required professional courses should include course title, objectives, methods of presentation, lecture outline, teaching aids, laboratory work and directed practice assignments to be used in conjunction with theoretical instruction, and references.

Excused absences are permitted in accordance with the regulations of the college or hospital school. However, absences of more than five days from the professional curriculum would have to be made up, in accordance with individual school policy.

Reports of Evaluation Conferences between the school director and individual students should be maintained in individual student files. Conferences should be regularly scheduled and held at least once or twice during each semester or quarter. The AAMRL has a suggested form for recording these evaluation conferences (see Appendix-C) however, the use of this particular form is not mandatory. School directors should feel free to develop an evaluation form for guiding and recording these evaluation conferences.

K. Student Personnel Policies; Employment; Stipends

1. Employment - Each school, through its executive or advisory committee, should develop policies regarding student employment. There is no objection to such outside work, if student medical record technicians are capable of maintaining satisfactory academic standing. However, part-time employment of students in the medical record departments of the teaching or affiliation hospitals that would make it difficult to differentiate between paid employment and a planned learning experience, is definitely discouraged. If it should be necessary for student medical record technicians to seek part-time employment to defray expenses, it is recommended that they seek employment in hospital departments other than the medical record department.

2. Personnel Policies - The Student Handbook for each school should clearly outline personnel policies for students, as developed and approved by the school administration. (See Section II, F. - Student Handbook)

3. Stipends are not recommended. However, if stipends are offered by the school for other programs, they may be considered by the School Advisory Committee.

L. Responsibilities of the Teaching Institution

1. Notice of Suspension of Program - A hospital or college which undertakes to institute an educational program for medical record technicians, and requests approval of such a program from the American Medical Association and the American Association of Medical Record Librarians, incurs an obligation to carry out the program as planned and approved. Also, a school which has accepted students for an educational program, has incurred an obligation to those students to conduct the program as promised in the informational literature. If circumstances should require closure of an educational program, at least one years notice to the professional approving agencies is required, and preferably, two years notice. This will permit the official informational literature to be corrected to indicate clearly schools which will not be accepting students. Such notice is not merely a courtesy, but is required for the benefit of the general public, the school, and the professional associations concerned.

2. Temporary Suspension of Admission of Students - Similar notice to the American Medical Association and the American Association of Medical Record Librarians would be expected if a school should find it necessary to suspend admission of students for a period of time. At least one year, and preferably two years requested. Notice of temporary, as well as permanent suspension of an approved school for medical record technicians should be sent to:

Associate Secretary
Council on Medical Education
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

SECTION II. (Continued)

3. Faculty Replacement - The approving agencies, the American Medical Association and the American Association of Medical Record Librarians, expect that if illness or transfer should remove either the Director of the School or the Assistant Director, from active participation in the educational program, the hospital or college would make every effort to appoint a qualified temporary or permanent faculty replacement, so that the approved educational program could be continued without interruption.

4. Major Change - Faculty or Curriculum - Whenever a major change is contemplated in Director or Assistant Director of the program, or major revision of curriculum is planned, this information should be sent to the Associate Secretary, Council on Medical Education of the American Medical Association, at the address mentioned above. The requirements for continued approval will be sent to the school from that office.

SECTION III. MEDICAL RECORD TECHNOLOGY CURRICULUM CONTENT

The following curriculum is included in the Essentials for Approved Schools for Medical Record Technicians of the AAMRL and AMA. The course titles and descriptions of contents are listed primarily as guides for the individual schools. So long as all of the essential subject matter is covered, including the directed practice experience, school directors and schools should feel at liberty to evaluate the contents of the courses, and recombine subject areas into courses with titles which will fit the particular plan of administration of each institution.

Technical Curriculum: The curriculum shall be designed to assure that students develop an appreciation of their working relationships to medical and paramedical personnel. They shall acquire an understanding of the contents of medical records, and of the ethical and legal principles governing their use.

Incorporated in the program for the preparation of medical record technicians should be planned laboratory experiences and directed practice which provide a transition from theory to application. These activities should include both laboratory practice and field assignments, case studies and similar educational designs which allow for the application of previous and on-going technical learning under the direction of competent instructors and practitioners.

The course of training should include not less than nine months of theoretical instruction and practical hospital experience, in order that students acquire the following technical skills:

1. Skills in registration of in and outpatients.
2. Numbering, filing, and preservation of medical records.
3. Assembling and analyzing medical records for completeness and accuracy.
4. Collecting medical care and census data for statistical purposes, and computing and preparing of statistical reports.
5. Maintenance and use of indexes of patients, physicians, diseases and operations.
6. Transcribing medical reports.
7. Coding of diseases and operations by the Standard Nomenclature of Diseases and Operations and the International Classification of Diseases Adapted.
8. Proper use of information from medical records.
9. Recording and reporting of vital statistics.
10. Adaptation of secretarial skills to the work of the medical record technician.

A. HIGH SCHOOL PREREQUISITES - Students planning to enter the medical record technician program should take typing and secretarial or business courses in high school as well as emphasize vocational or business courses in their preparatory work, study of English and speech, biological sciences and mathematics. Proficiency in typing should be acquired, prior to application for admission to an MRT School, whether a hospital certificate or junior college program.

SECTION III. (Continued)

B. TECHNICAL CURRICULUM CONTENT - Theoretical instruction may be presented by formal lectures, and informal conference, or seminars, and should include the following:

Medical Terminology . . . . . (Prefixes, suffixes, roots, abbreviations, disease, operative and drug terms. A study of terms related to all areas of medical science, hospital service, and the paramedical specialties.)	45 clock hours lecture
Anatomy and Physiology	60 clock hours lecture
Medical Record Science . . . . . (Orientation to the hospital and the medical record department, obtaining, preserving, and using medical records, coding according to SNDO and ICDA, statistics, legal aspects of medical records, ethics.)	90 clock hours lecture -- 90 clock hours laboratory
	195 clock hours lecture - 90 clock hours laboratory

C. DIRECTED PRACTICE (Practical Experience)

Practical experience should be provided of sufficient quality and scope to prepare the student for active participation in the performance of technical duties in the medical record department. Repetitive activities which do not advance the skills of the students should be avoided.

Admitting Procedures	
Admitting Office . . . . . Authorization for admission, interview and recording of sociological data, assignment of hospital number, preparation of admission forms and registers.	20 clock hours
Medical Record Department . . . . . Preparation of index cards, chart folders, correlation with previous records, maintenance of patient index.	40 clock hours
Machine Transcription . . . . . (including reports and record systems of adjunct service departments)	120 clock hours
Statistics . . . . . Daily, monthly and annual reports; daily census; vital statistics, birth and death certificates.	60 clock hours

SECTION III. (Continued)

Discharge Procedures . . . . . Assembling records, checking for completeness, daily analysis, record completion procedures.	100 clock hours
Coding and Indexing . . . . . SNDO and ICDA coding, maintenance of diagnostic, operative, physicians indexes.	100 clock hours
Legal Aspects . . . . . Subpoenaes; taking records to court; preparing records for court; release of information.	20 clock hours
Secretarial Practice . . . . . Correspondence; medical abstracts; insurance reports; receptionist and telephone functions; contact with public and hospital staff.	80 clock hours
	Total - 540 clock hours Directed Practice

The above directed practice outline does not constitute absolute clock hour requirement, but is intended as a guide for the organization of the educational program.

School Directors are urged to continue to study and evaluate the total curriculum, in conjunction with college or university curriculum committees, to take proper cognizance of advances in the field of education, to utilize new methods and educational concepts, to promote the development and improvement of education programs for medical record technicians.

The course of study should cover not less than nine months of theoretical instruction and directed practice. During the course of technical instruction, medical record technician students should become familiar with the systems and procedures commonly employed in medical record maintenance, classification systems for disease and operations, including the Standard Nomenclature of Diseases and Operations, the International Classification of Disease, numbering and filing systems, as well as maintenance of statistical reports of hospital service.

An adequate supervisory and teaching staff, to maintain close supervision of student directed practice experience is very important.

An outline of each of the required courses in the Technical Curriculum, together with teaching plans, and a schedule of directed practice experiences, should be available in the school files. The qualifications of each teacher in the technical curriculum should be available.

SECTION III. (Continued)

D. GUIDELINES FOR THE DEVELOPMENT OF MEDICAL RECORD TECHNICIAN PROGRAMS IN JUNIOR COLLEGES

The rapidly increasing scope and variety of vocational programs offered by junior colleges throughout the country, together with the expressed interest of many of these institutions in developing additional kinds of vocational educational programs, have resulted in requests for guidelines for organizing training programs for hospital personnel, including medical record technicians.

This interest on the part of accredited junior colleges should be encouraged as it expresses a need felt in the communities which they serve. So that the medical record profession may benefit by the interest junior colleges have in vocational training for hospital careers, these guidelines have been developed by the Education and Registration Committee, to encourage effective use of these facilities for training medical record technicians. It is particularly important to the profession at a time when many hospitals are finding it necessary to discontinue conducting schools for medical record personnel, because of difficulty in financing them.

The Medical Record Technician Program requirements would seem to be very well suited to inclusion in a junior college curriculum. The formal courses in Anatomy and Physiology, Medical Terminology and Medical Record Science could be taught in accredited junior colleges with required periods of directed practice experience obtained in affiliated accredited hospitals. Junior colleges already engaged in hospital-college cooperative training programs for other categories of hospital personnel, both technical and professional, would have little difficulty in establishing an additional program for medical record technicians, if medical record librarian faculty members were appointed to teach the professional courses and to coordinate directed practice assignments in the hospitals.

Although a one-year program in Medical Record Technology could be developed for a junior college, we find that these institutions are interested in developing programs that could lead to the two-year Associate in Arts or Associate in Applied Science degree. Therefore, guidelines are developed for two types of programs for medical record technicians, one year and one summer session, and two-year programs.

1. TECHNICAL COURSE CONTENT:

(Determined by the requirements of the Essentials for Medical Record Technician Schools -- AMA-AAMRL)

Technical Course Content	Clock Hours in the Essentials	Approximate Credit Equivalent
Medical Terminology	45 hours	3 semester or 5 quarter credits
Anatomy & Physiology	60 hours	4 semester or 6 quarter credits
Medical Record Science		
Lecture -	90 hours	6 semester or 9 quarter credits
Laboratory -	90 hours	3 semester or 5 quarter credits
Medical Record Science (Directed Practice) -	540 hours	9 semester or 12 quarter credits
	TOTAL:	25 semester or 37 quarter credits

SECTION III. (Continued)

2. FACULTY:

Director of the program should be a Registered Medical Record Librarian regularly appointed to the faculty of the junior college, in accordance with usual procedures for faculty appointment. Additional instructors in Medical Record Science, who meet the requirements of the college, may be appointed also, full time or part time. Minimum educational and experience requirements for MRT program director are a baccalaureate degree, registration by the AAMRL, and three years experience in Medical Record Science.

College faculty should be sufficient in number to give a faculty-student ratio that is comparable to other on-going programs in the institution. One professional faculty member to 10-12 students would seem to be a reasonable basis on which to plan. A part-time program director for the college would be acceptable until such time as the student-faculty ratio required the full-time attention of one person.

3. AFFILIATED ACCREDITED HOSPITALS:

Hospitals selected to participate in the Medical Record Technology programs should be good sized, general hospitals, accredited by the Joint Commission on Hospital Accreditation. The medical record departments should be well organized, under the direction of a Registered Medical Record Librarian, with sufficient staff to permit adequate supervision of students.

The hospital chosen for the primary affiliation site should be large enough to provide a variety of medical care services, and to provide the various kinds of medical record technician practical experience required for students. This would usually be a hospital with a minimum of 4000 patient discharges per year. Medical record departments chosen should provide an opportunity for student practice in all phases of medical record technician work, i.e., stenographic pool, quantitative analysis of medical records, hospital statistics and reports, the coding and indexing of disease and operation, preparation of medical correspondence and medical abstracts, filing of medical records and reports, admitting office experience and preparation of medical records and reports for adjunct departments, such as X-ray, laboratory, and clinical and surgical pathology reports.

4. ORGANIZATION OF PROGRAM:

Either a one-year program of 10 - 11 months duration, or a two-year program leading to an Associate Degree in Arts or Applied Science could be developed if the required technical courses and practical experience were provided. The basic medical record technician program could be completed in 10 - 11 months, but as many junior colleges prefer to develop technical vocational programs leading to an associate degree, a two-year program is also suggested.

SECTION III. (Continued)

One-year Program: 10 - 11 months -- 2 semesters (or 3 quarters) and one summer session. Approximately 32 semester credits and 8 credits for summer session - total 40 credits. Required courses in Medical Record Technology would total 25 semester credits, allowing approximately 15 credits for general education subjects, liberal arts and sciences.

Two-year Program: (leading to an Associate in Arts or Associate in Applied Science Degree in Medical Record Technology). The required Medical Record Technology courses would be taken, plus additional general education courses in line with school requirements or student preference. The summer session between the first and second years could be used for supervised practical work, and practice in affiliated hospitals during the school year could be integrated carefully with the Medical Record Science lecture courses.

5. CURRICULUM:

Planning for one and two-year programs is based on 15 week semesters.

Laboratory Practice: Should be closely coordinated with medical record science lecture, particularly during the first semester medical record science is taught. Introduction to medical record procedures should be carried out through planned laboratory experiences, prior to hospital assignment for directed practice.

Credit assignment for laboratory practice is suggested on a 2-1 basis (2 clock hours per week - 1 semester credit).

Directed Practice: Practice in a hospital medical record department should be planned for the second, third and fourth semesters in which medical record science is taught, after adequate introduction to policies and methods has been accomplished through lecture and laboratory practice. Block assignments of 4 - 6 hours each week should be planned during the last three semesters of a four semester program.

Credit assignment for directed practice is suggested on a 4-1 basis (4 clock hours per week - 1 semester credit).

ONE-YEAR PROGRAM

First Semester		Second Semester	
English	3 cr.	English	3 cr.
Anatomy & Physiology	4 cr.	Mathematics	2 cr.
Medical Terminology	3 cr.	Medical Record Science	
Medical Record Science		Lecture	3 cr.
Lecture	3 cr.	Laboratory	2 cr. (60 hrs.)
Laboratory	1 cr. (30 hrs.)	Directed Practice	3 cr. (180 hrs.)
Physical Education	1 cr.	Machine Transcription	3 cr.
Typing, Secretarial Practice or Electives	2 cr.	Physical Education	1 cr.
	17 cr.		17 cr.

SECTION III. (Continued)

Summer Session

Students could take one 3 credit course in general education during summer session. 10 - 12 weeks of supervised practice (6 hrs. per day - 30 hrs. per week) 60 hrs. of directed practice = 1 semester credit.

10 weeks - 30 hours per week - 300 hours - 5 semester credits
12 weeks - 30 hours per week - 360 hours - 6 semester credits

It is recommended that at least one hour a week during the Summer Session be devoted to a Seminar with the MRT Program Coordinator.

TWO-YEAR PROGRAM

First Semester		Second Semester	
English	3 cr.	English	3 cr.
Anatomy & Physiology	4 cr.	Anatomy & Physiology	4 cr.
Medical Terminology	3 cr.	Machine Transcription	3 cr.
Intro.to Med.Rec.Science		Medical Record Science	
Lecture	2 cr.	Lecture	2 cr.
Laboratory	1 cr.(30 hrs.)	Laboratory	1 cr.(30 hrs.)
Typing, Secretarial Practice or Electives	3 cr.	Directed Practice	2 cr.(120 hrs.)
Physical Education	1 cr.	Physical Education	1 cr.
	17 cr.		16 cr.

Third Semester		Fourth Semester	
Medical Record Science		Medical Record Science	
Lecture	2 cr.	Seminar	1 cr.
Laboratory	1 cr.(30 hrs.)	Directed Practice	4 cr.(240 hrs.)
Directed Practice	3 cr.(180 hrs.)	Sociology	3 cr.
Psychology	3 cr.	History	3 cr.
Mathematics	2 cr.	Speech	2 cr.
Electives	4 cr.	Physical Education	1 cr.
Physical Education	1 cr.	Electives	2 cr.
	16 cr.		16 cr.

Summer Session

If school requirements preclude the suggested amount of directed practice during the regular school year, a summer session may be planned between the freshman and sophomore years, in which one or two academic courses could be taken as well as directed practice experience in affiliated hospitals.

SECTION III. (Continued)

6. RECOMMENDATIONS FOR NON-TECHNICAL COURSES:

In a one-year program (10-11 months) 2 semesters and one summer session, with a minimum of 25 semester hours of credit required for the technical courses, a student could still earn 15 semester hours of academic credit in general education subjects. This would be the equivalent of approximately one semester of college work.

The Associate in Arts or Applied Science program would permit wider choice of general education courses. Recommended elective courses would include English Composition and Speech, Secretarial Practice, Mathematics, Ethics, Psychology, Literature. Other courses as required by the institution, should provide a broad general education - American History, Physical Education, Sociology, Philosophy, Religion.

The division of general education and technical courses might be on the basis of:

40% - 45% General Education Subjects
60% - 55% Specialized Medical Record Science Subjects

DEGREE: None, for a one-year program.
Associate in Arts or Associate in Applied Science, depending upon the junior college requirements for the two-year program.

7. MEDICAL RECORD TECHNICIAN PROGRAM HOURS FOR SUPERVISED LEARNING EXPERIENCE:

Incorporated in the program for the preparation of medical record technicians should be planned field and laboratory experiences which provide a transition from theory to practice. These activities should include both laboratory practice and "on the job" project assignments, case studies, and similar educational designs which allow for the application of previous and on-going professional learning under the direction of competent instructors and practitioners.

In general, it is recommended that this supervised learning experience be arranged for at least 1 day (6 hours) per week, during the semesters in which Medical Record Science is taught, either in the one year or two year programs, and that during the last one or two semesters, this time be increased, as necessary to make a total provision for 500-600 hours of laboratory and directed practice experience in all during the one year program or the two year AA or AAS program.

Planning could be on the basis of credit assignment as follows:
Laboratory work - 30 clock hours (2 clock hours per week) for one semester credit, and Directed Practice - 60 clock hours for one semester credit.

8. MAJOR CONSIDERATIONS:

1. Courses in Medical Record Science should be taught by Registered Medical Record Librarians.

SECTION III. (Continued)

MAJOR CONSIDERATIONS (Cont'd.)

2. Planning and coordination of an effective program of directed practice experience with directors of affiliated hospital medical record departments should be the responsibility of the medical record librarian Program Director.

3. Continuous evaluation of the effectiveness of directed practice experience as well as the acceptability of the sites should be carried out by the Program Director.

4. Continuous evaluation of the technical and non-technical curricula should be carried out by the Director of the Program and the responsible college curriculum committees.

5. A joint Program Advisory Committee composed of representatives of the college and affiliated hospitals is recommended.

9. SUGGESTIONS FOR PLANNING:

1. The entire MRT program, lecture, laboratory and directed practice experience should be planned to fall within regular school sessions, semesters, quarters, or summer sessions.

2. Academic credit should be arranged for laboratory and directed practice experience.

3. Summer sessions may be utilized for directed practice experience when necessary. However, if AA Program is carefully planned, there should be no need to use two summer sessions for directed practice.

4. The curriculum should be planned to include those liberal arts and science credits which would transfer to four year medical record science programs, if student wished to continue study toward a baccalaureate degree.

5. Some of the clock hours allocated for activities in the instructional program listed for directed practice experience may be carried out in a college classroom or laboratory situation, when appropriate - (medical transcription practice, discharge procedures, coding and indexing, etc.)

Theoretically, the Junior College Program should provide a terminal course in Medical Record Technology for one who wishes immediate employment in a medical record department of a hospital or clinic (under the supervision of a medical record librarian) and who does not wish to go on for a baccalaureate degree. However, in planning the program, the General Education courses should be those that would transfer to an institution offering a four-year program in Medical Record Science, in the event the student wished later on to continue studies leading to a degree in Medical Record Science.

Transferrability and acceptability of a part of the technical course content would depend upon the regulations and policies of the institutions involved.

SECTION III. (Continued)

E. LABORATORY EXPERIENCE, DIRECTED PRACTICE, AFFILIATION PROGRAMS, FIELD TRIPS

1. Directed Practice Experience is gained by students through actual assignment to an operating medical record department. The student observes and gains experience in the actual practice of medical record keeping, learns to appreciate and understand the various policies and practices which govern the functioning of each departmental area, and the over-all functioning of a medical record service. This is an integral part of the student's learning experience, and should be carefully planned and coordinated with the theoretical instruction. It is essential that in each functional area of the medical record department, in which students are to gain experience, that there be a qualified person to instruct and supervise student activities, and evaluate performance. It is also essential that each functional area of the medical record department be adequately staffed, so that there is no possibility of students being utilized to replace paid employees in work production.

   There is no objection to using several hospitals as directed practice experience sites for student medical record technicians, and this will undoubtedly be necessary for the large classes of students in junior colleges. Criteria for selection of sites are listed in Section IV of this Handbook.

   Directed practice experience may include attendance at meetings of administrative and medical staff, whenever possible, medical record committee meetings, meetings of medical record department employees. Preparation of special reports for specific meetings would be an especially effective aspect of the student medical record technician practical experience. Whenever possible, students should have an opportunity to work closely with other medical record department personnel, and observe the experienced medical record librarian dealing with professional and administrative personnel.

2. Affiliation assignments to other hospitals should provide students with experience in the usual activities of the medical record department in different types of institutions, and should be planned carefully to augment the instructional program in the teaching institution and the main directed practice site. A period of either two or four weeks is recommended, and the school director has the responsibility for site selection in accordance with criteria listed in Section IV of this Handbook. Approval of affiliation programs by the AMA or the AAMRL is not required. However, annual notification of the affiliation sites to be used by each school should be sent to the Director, Academic Department, AAMRL, for the information of the Education and Registration Committee.

3. Field trips are useful in demonstrating medical record systems used in other medical care facilities. These should be carefully limited to trips that are most appropriate to the total school program. A limit of 5 or 6 field trips should be set, so that this aspect of the total educational program is not overemphasized. Appropriate field trips might include visits to state or local departments of public health and vital statistics, a tumor registry, outpatient clinic, dispensaries of industrial plants, nursing homes, large chronic illness hospitals, and other such related facilities.

SECTION III. (Continued)

4. Meetings of local and state medical record librarian associations, as well as the annual meeting of the AAMRL, may be classified as field trips, and attendance at one meeting, at least, of the professional association is encouraged. This aspect of the student medical record technician orientation to the field should not be overemphasized, however.

5. Institutes sponsored by the AAMRL-AHA or by state or local associations, are not recommended for attendance by student medical record technicians, unless they are one-day programs held in conjunction with the professional association meeting mentioned above. Care should be taken that the student's educational program is not interrupted by in-service programs specifically planned to serve those already working in the field of medical records. It is not expected that the formal school program would be so planned that the student would be able to spare the time from attendance at formal classes for the three to five days ordinarily needed for such in-service education programs.

   If a school director wishes to send her medical record librarian faculty personnel, or go herself to these institutes, this would be more appropriate.

   It is recommended that a schedule of field trips, meetings, and affiliation programs be made available to the students and faculty at the beginning of each school year, for purposes of planning.

SECTION IV. HOSPITALS ASSOCIATED WITH THE TEACHING PROGRAM

A. Primary Teaching Unit Facilities - In a junior college technician program, one or more hospital medical record departments should be designated as the primary teaching units for demonstration, student observation, and initial directed practice experience. The directed practice material provided in these medical record departments should include a variety of functions and procedures of sufficient scope to demonstrate generally accepted methods of good medical record practice. These primary teaching units should have a minimum of 4,000 annual discharges, and larger general hospitals are recommended, as they provide a variety of clinical record material.

The directors of the medical record departments selected to serve as primary teaching units should be registered medical record librarians, who enjoy teaching, and are able to adequately supervise and instruct students during their directed practice experience.

Approval of the primary teaching unit facilities, and directors of departments, is an integral part of the initial approval requirements for a medical record technician program, either a hospital school or a junior college program.

B. Other Affiliated Hospitals - In addition to the medical record departments designated as primary teaching units, directed practice experience may be provided in other medical record departments which are under the direction of medical record librarians whose qualifications are acceptable to the Council on Medical Education and Hospitals of the AMA. These medical record departments should be in institutions or agencies which have sufficient qualified and experienced medical record personnel, adequate equipment and directed practice materials to supply the type and amount of experience for which a student is assigned. Guidelines for the selection of hospitals to serve as affiliation sites for student medical record librarians, have been developed by the Education and Registration Committee of the AAMRL. School directors should select additional affiliation sites carefully, for short term assignments keeping in mind that the medical record departments chosen should complement and supplement the facilities available in the main directed practice units.

C. Guidelines for Selection of Hospital Affiliation Sites for Student Medical Record Personnel

1. Hospitals should be chosen to provide the type and amount of experience in a particular phase of medical record library science, needed to supplement, complement and enrich the school program. Affiliations of two to four weeks are recommended. Less time or more time would not be indicated, except in rare instances.

2. Medical record departments chosen should be adequately staffed with medical record personnel, have adequate equipment, and be well organized, and under the direction of a registered medical record librarian, who is interested in participating in the teaching program, has the ability to instruct, and supports the efforts of the educational program.

SECTION IV. (Continued)

3. The hospital administrator of the affiliate hospital should be willing to have his hospital participate in the program.

4. The hospital should be accredited by the Joint Commission on Accreditation of Hospitals and should usually be in geographic proximity to the school, so that the school director can visit the department, plan with the department head for the students' work program, for types of evaluation of work performance that will be required, special provisions for student housing, financial arrangements, and final evaluation reports.

5. If possible, the school director should hold a conference with directors of affiliated medical record departments, before and after affiliation activities, to plan and then evaluate the affiliation programs. Hospitals should be selected with this procedure in mind.

6. Affiliation hospitals should be chosen to be used from year to year, if satisfactory, so that there can be continued evaluations by school director and director of the affiliated medical record department of the effectiveness of the planned program.

7. New hospital affiliation sites should be chosen early in the school year, as soon as total registration is known, and scheduled early enough to permit advance planning by directors of affiliate medical record departments and students.

8. The time of affiliation is left to the discretion of the school director, but in all instances, students should return to the school after the term of affiliation is completed.

SECTION V. AAMRL SCHOOL SERVICES AND PROFESSIONAL REQUIREMENTS

A. School Administration Workshop - An annual workshop is conducted by the AAMRL for directors and instructors in approved schools. It is usually held just prior to the Annual Conference of the AAMRL. Directors of medical record departments in hospitals affiliated with the teaching programs, and medical record librarians who will serve in faculty positions in new schools which have approval applications pending with the AMA and the AAMRL are also eligible to attend.

Attendance is by invitation, in sufficient time to plan to attend. This is a valuable opportunity for educators to exchange ideas, and to keep abreast of educational advances. Every approved school should be represented at this annual workshop. The program is planned by the Director, Academic Department,AAMRL; the Chairman, Education and Registration Committee; AAMRL; and the Education Consultant of the AAMRL, in response to the expressed interests of the medical record librarian educators and the needs of the approved schools.

B. Education Program Newsletter - is published quarterly by the Education and Registration Committee of the AAMRL, in March, June, September, and December. It provides a means of exchange of information, teaching materials and suggestions on administrative practices among schools for medical record personnel. It is mailed to all directors of approved schools, members of the Education and Registration Committee of the AAMRL, and others interested in the AAMRL Education Program. School directors are encouraged to submit appropriate material to the Director, Academic Department, AAMRL, for inclusion in the Newsletter.

C. Education Issue of the JAAMRL, MEDICAL RECORD NEWS - one issue of the professional journal is devoted to the educational programs of the AAMRL, which include the formal programs in approved schools for medical record librarians and technicians, and in-service education programs, as well as institutes, and the AAMRL Correspondence Program.

D. Recognition of Graduates by the Professional Association - The American Association of Medical Record Librarians is responsible for the accreditation of qualified medical record technicians. It is vitally interested in encouraging the development of fine technical educational programs, and in the quality of students who will be graduated from approved schools. The graduates of approved schools for medical record technicians should be encouraged to apply for accreditation as record technicians, "ART", as soon as possible after completing their studies.

Only graduates of approved medical record technician programs and the AAMRL Correspondence Course are eligible for accreditation as "Accredited Record Technicians". The AAMRL wishes all school directors to know the qualifications for association membership, and for accreditation. Students in approved schools for medical record personnel are eligible for Student Membership in the AAMRL during their school enrollment period, and should apply for Associate Membership in the AAMRL after graduation. School directors should encourage their students to take an active interest in professional activities and should stimulate that interest while in the student environment.

SECTION V. (Continued)

E. The Accreditation Examination of the AAMRL is held once each year, on the second Friday in September. Approximately one month after the examination, School Directors will receive from the Director, Academic Department, AAMRL, the grades of their students who have taken the Accreditation Examination, and an analysis of the grades by subject areas.

F. Inquiries about Student Membership, Associate Membership, or the Accreditation Examination of the AAMRL should be addressed to the Executive Director, American Association of Medical Record Librarians, 211 East Chicago Avenue, Chicago, Illinois 60611. Each School Director should write for a copy of the Handbook for the Accreditation Examination, which is available from the above office, and is revised annually.

SECTION VI. STUDENT LOAN FUND AND SCHOLARSHIPS - FORE

A. The Grace Whiting Myers - Malcolm T. MacEachern Student Loan Fund of the Foundation of Record Education - The American Association of Medical Record Librarians maintains a student loan fund for those enrolled in approved schools for medical record librarians and technicians. Eligibility requirements are listed below. The Student Loan Fund is supported by a Memorial Fund Drive held by the AAMRL in August, each year. Education Committees of state associations conduct educational activities, for fund raising, and make lump-sum contributions to the Student Loan Fund. Memorial contributions by individual members and groups also support the Loan Fund.

B. Eligibility for Loan - Persons are eligible to apply for a loan if they have been accepted for enrollment into a school approved by the Council on Medical Education of the American Medical Association for the education of Medical Record Librarians or Medical Record Technicians. Students enrolled in a four-year course leading to a degree in Medical Record Science may apply for a loan at the completion of their third year of schooling. Registered Record Librarians who wish to study for baccalaureate or advanced degrees and have been accepted by regionally accredited colleges or universities as candidates for a degree may apply for a loan. A student to whom a loan is granted is required to carry a full course load for residence. The applicant need not be a citizen of the United States or territories.

C. Terms of Loan - Registered Record Librarian applicants accepted for study for baccalaureate or advanced degrees may borrow up to $1,500.00 per year per student. Applicants approved to enter a school for Medical Record Technicians may borrow up to $500.00. No interest will be charged for the time the student is attending school nor for one year thereafter, 3% interest on second year following graduation, 4% on third year. The interest is charged only on unpaid balance. Loan may be pre-paid before it is due, without penalty. Entire loan is to be paid back within four years following the date the Promissory Note is signed.

Persons granted the loan shall sign a Promissory Note with two endorsers. The endorsers of Promissory Notes shall be citizens of the United States and territories.

Money for the loan shall be paid directly to the applicant.

The number of loans granted to students enrolled in schools for Medical Record Technicians shall be limited to no more than two per year.

D. Procedure for Application - Application forms may be secured from the Foundation of Record Education, American Association of Medical Record Librarians, 211 East Chicago Avenue, Chicago, Illinois 60611. Completed forms are to be returned to that office.

Applications will be processed in May and September. Applications shall be accepted in the Office of the Foundation until April 1 for Spring review, and until August 1, for Fall review. Applicants will be notified within six weeks following these deadline dates for filing applications.

SECTION VI. (Continued)

E. State and Local MRL Association Loan Funds - Some state and local medical record librarian associations have loan funds for students enrolled in approved schools for medical record personnel. It is the responsibility of School Directors to obtain information about such funds, and make it available to their students. Specific information about eligibility requirements and method of application should be available to students, so that they may use these financial resources, also, if necessary.

F. Scholarships - There are no national AAMRL scholarships, however, scholarships available from other sources may be used in medical record librarian programs. There is no objection on the part of the AAMRL if local, state medical record librarian associations, or civic or fraternal groups wish to establish scholarships for students in approved schools. In fact, such civic interest and support for the professional and technical schools is encouraged. If scholarship funds are available from such local groups, school directors should see that students have information about these resources.

SECTION VII. SCHOOL ADMINISTRATION FORMS AND REPORTS (Samples in Appendix)

A. Official List of School Graduates - The executive office of the AAMRL requests that each school submit a complete list of school graduates within two weeks after each class graduates. The forms are sent to school directors from the office of the Executive Director of the AAMRL, approximately one month prior to the anticipated graduation date.

B. Student Evaluation Form - The AAMRL has recommended that an evaluation report form be used in schools for medical record personnel, as a guide to conducting and recording periodic director-student evaluation conferences. The suggested form (which appears in the appendix of this Handbook) has been approved by the Education and Registration Committee of the AAMRL. However, the use of this form is not mandatory. Each school director is free to revise the form to meet his own needs or to develop other evaluation guides that may apply more precisely to each learning situation. It is required, however, that written record of periodic director-student conferences be kept, and the suggested report form may be useful in developing an appropriate one for each school.

C. Annual AMA Report Form - For approved schools for medical record technicians. Each year in May, the Council on Medical Education of the American Medical Association sends to each approved school for medical record personnel, the annual report forms. These reports show the present status of each approved educational program, total enrollment, any changes in tuition, fees, school director, or other information which should appear in the AMA, which comes out in November each year. School Directors are expected to complete the annual report forms promptly and return them to the Associate Secretary, Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610.

APPENDIX

Sample Forms

A.M.A. Annual Report on Schools for Medical Record Technicians

Annual List of Graduates - for AAMRL

Student Evaluation Forms

School Survey Information Form

COUNCIL ON MEDICAL EDUCATION

AMERICAN MEDICAL ASSOCIATION

535 North Dearborn Street
Chicago, Illinois 60610

ANNUAL REPORT ON SCHOOLS FOR MEDICAL RECORD TECHNICIANS
(Applies to Academic Year 1964-65)

1. Name of School _____

   Street address _____ City _____ Zone ____ State _____

2. Director of training program _____

3. Certificate Course:

   a. Entrance requirements _____

   _____

   b. Length of course (in months) _____

   c. Date hospital training begins _____

   d. Enrollment for last academic year _____

   e. Present enrollment _____ Capacity enrollment _____

   f. Tuition (amount) _____

   g. If any part of this course earns college or university credit, state subject and name of academic institution granting credit hours _____

   _____

   _____

   h. Number of graduates _____ Date of graduation _____

4. Are male students admitted? _____

5. List affiliated hospitals and reason for affiliation _____

   _____

   _____

   _____

6. Please attach two copies of the most recent bulletin or announcement.

Date _____ Signature and title _____

_____

ANNUAL LIST OF GRADUATES - APPROVED SCHOOL FOR MEDICAL RECORD PERSONNEL
FOR EXECUTIVE OFFICE, AAMRL

Instructions for School Director: List names of graduates in alphabetical order and mail form to Executive Office, American Association of Medical Record Librarians, 211 East Chicago Avenue, Chicago, Illinois 60611. List of graduates should be submitted within two weeks following date of graduation.

NAME AND ADDRESS OF SCHOOL _____

_____

DATE OF GRADUATION _____ NO. OF GRADUATES _____

	NAME	HOME ADDRESS	EMPLOYMENT ADDRESS IF KNOWN	DATE OF EMPLOYMENT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

Date Mailed _____ _____
Signature of Director

PERFORMANCE RATING

STUDENT'S NAME:_____ HOSPITAL:_____

DEPARTMENT:_____ Dates: from _____ to _____

Directions: Encircle the appropriate numerical grade, 1 through 30, in each major category

I. QUALITY OF WORK: Is student accurate and thorough? Is work of good quality? Neat? (disregard volume in this evaluation)

1 2 3 4 5	6 7 8 9 10	11 12 13 14 15
Poor quality.Work frequently done carelessly and lacking in neatness.	Fair quality.Handles work with some difficulty. Produces quality below standard.	Normal quality. Can "get by under close supervision.
16 17 18 19 20	21 22 23 24 25	26 27 28 29 30
Above normal quality. Usually accurate and neat.	Good quality of work. Can be depended upon. Makes but few errors.	Excellent quality. Very accurate and thorough.

II. APPLICATION TO WORK: Is student a "hard worker"? Is he steady, industrious, interested, willing, prompt, and on the job all the time? How well does he stick to his job?

1 2 3 4 5	6 7 8 9 10	11 12 13 14 15
Poor worker, lazy, stalls, often absent.	Fair, "Day Dreamer", forgetful, often late. Little sense of responsibility.	Normal, "gets by", only,no real working spirit, wastes some time.Doesn't work hard
16 17 18 19 20	21 22 23 24 25	26 27 28 29 30
Above normal.Satisfactory worker. Slightly better than average.	Good worker, plans well, works well, works hard, is always willing and steady.	Excellent, hard worker, outstanding, energetic and enthusiastic.

III. ABILITY TO UNDERSTAND AND FOLLOW INSTRUCTIONS: Does he understand instructions easily? Can he remember orders well. Does he follow instructions readily?

1 2 3 4 5	6 7 8 9 10	11 12 13 14 15
Poor, requires repeated and constant instruction.	Fair, requires considerable instruction. Must be reminded often.	Normal, requires some follow-up.
16 17 18 19 20	21 22 23 24 25	26 27 28 29 30
Above normal, only rarely do instructions have to be repeated.	Good, requires minimum instructions. Takes orders well.	Excellent, only has to be told once. Sometimes foresees instructions needed.

IV. COOPERATION AND PERSONALITY: How well does he get along and work with others? Does he accept suggestions readily and willingly? Do employees like and respect him. What kind of impression does he make?

1 2 3 4 5	6 7 8 9 10	11 12 13 14 15
Poor cooperation.Unwilling to cooperate, causes friction and trouble. Argumentative.	Fair, grumbles some. Causes occasional friction and trouble.Somewhat indifferent.	Acceptable, but not dynamic cooperates reasonably well. Makes a fair impression.

IV. COOPERATION AND PERSONALITY (Continued)

16 17 18 19 20	21 22 23 24 25	26 27 28 29 30
Above average. Accepts assignments readily, willingly, takes jobs assigned. Welcomes criticism.	Gets along well. Almost everyone likes him. Has leadership qualities.	Extremely cooperative. Everyone likes him very well. Goes out of his way to help others. Inspires confidence.

V. KNOWLEDGE OF JOB: Does he know his job well? Does he understand details and requirements of work? Does he know relation of his job to others? Does he ask good questions if he does not understand?

1 2 3 4 5	6 7 8 9 10	11 12 13 14 15
Poor, learner or comparatively new man. Inadequate knowledge.	Fair, limited knowledge.	Normal knowledge of job.

16 17 18 19 20	21 22 23 24 25	26 27 28 29 30
Acceptable, above normal knowledge. Understands details of job and use of equipment.	Good understanding of all requirements and working knowledge.	Knows job thoroughly. Grasps essentials and details well. Suggests improvements.

VI. INITIATIVE: Is he self-reliant and resourceful in thinking, planning and carrying out job?

1 2 3 4 5	6 7 8 9 10	11 12 13 14 15
Waits to be shown and told what to do. Poor ability to plan her work.	Will seldom proceed without fairly explicit instructions. Relies heavily on others.	Normal ingenuity. Fairly aggressive, but needs some prodding.

16 17 18 19 20	21 22 23 24 25	26 27 28 29 30
Has better than average ability for independent action. Needs few explicit instructions.	Has a constructive imagination and good follow through. Minimum direction needed.	Has superior ability to proceed without specific instructions. Real ambition to advance. Very progressive.

VII. JUDGEMENT AND ANALYTICAL ABILITY: Does he impress you as a person whose judgment would be dependable even under stress? Or is he hasty, erratic, biased, swayed by feelings? Consider the intelligence, logic and thought used in arriving at decisions.

1 2 3 4 5	6 7 8 9 10	11 12 13 14 15
Cannot understand essential elements. Notably lacking in balance and strength.	Shows some tendency to react impulsively and without restraint.	Normal, exercises faulty judgment only occasionally.

16 17 18 19 20	21 22 23 24 25	26 27 28 29 30
Above normal. Acts judiciously in ordinary circumstances.	Is logical in his thinking. Gives good evidence of a habit ot thinking things out carefully.	Inspires unusual confidence in probable soundness of judgment. Makes exceptionally sound and sensible decisions.

Date of Evaluation: _____

_____
Signature and Title of Evaluator

EVALUATION REPORT FOR STUDENTS IN MEDICAL RECORD LIBRARY SCIENCE

STUDENT'S NAME:_____ HOSPITAL:_____ CITY:_____

DEPARTMENT:_____ DATES: From_____ to_____

PART I - SPECIFIC TRAITS

DIRECTIONS: Check each statement in proper column

	YES	SOME-TIMES	NO
A. ABILITY TO INTERPRET			
1. Reports accurately			
2. Speaks convincingly			
3. Tends to introduce irrelevancies			
4. Uses medical terminology correctly			
5. Writes legibly			
6. Types correctly			
B. COOPERATION			
1. Creates friction			
2. Is over-eager to please			
3. Sees what should be done and does it			
C. JUDGMENT			
1. Does the right thing at the right time			
2. Others have confidence in the student			
3. Recognizes which decisions require approval			
D. MATURITY			
1. Inclined to be moody			
2. Is over-dependent on others			
3. Profits from constructive suggestions			
4. Subordinates personal affairs to the program			
5. Tends to be inflexible			
E. ORDERLINESS			
1. Clears desk before leaving; arranges and stores things systematically			
2. Maintains equipment at adequate working level			

	YES	SOME-TIMES	NO
F. PROFESSIONAL BEHAVIOR			
1. Fails to observe rules and regulations			
2. Is courteous			
3. Lacks poise			
4. Repeats confidential information			
G. RELATIONSHIP WITH MEDICAL STAFF			
1. Presents pleasant, cooperative, professional attitude in routine association with medical staff			
2. Knows and understands policies & requirements of record department, and can uphold them without antagonizing staff			
3. Is able to take criticism from medical staff member			
H. RESOURCEFULNESS			
1. Assumes authority appropriately			
2. Finds an efficient way to do things			
3. Gives constructive suggestions			
4. Is able to cope with unexpected situations			
5. Needs prodding			
6. Utilizes information from other departments when indicated			
I. SENSE OF RESPONSIBILITY			
1. Alibis out of situations			
2. Can be depended upon to do a good job			
3. Hesitates to assume new duties			

J. TIME SENSE

	YES	SOME-TIMES	NO
1. Adjusts pace to be consistent with program			
2. Budgets own time efficiently			
3. Fusses over minor details			
4. Punctual for scheduled appointments			

PART II - SUPPLEMENTARY DATA

A. This student has exihibited growth in: (check appropriate boxes)

Traits	No Growth	Average Growth	Above Aver.Growth
Judgment			
Maturity			
Responsibility			
Professional Behavior			

B. Student works MOST effectively under which of the following conditions:

1. Workload: Light_____ Average_____ Heavy_____
2. Supervision: Constant_____ Decreasing Amounts_____ Minimal_____

C. Absences: Number of days_____ Excused_____ Unexcused_____
Reasons _____

_____

_____

REMARKS: (other information which may be of value to school director on progress shown during this period of training - i.e., outstanding attributes, particular weaknesses, extent of application, potentialities for working in a particular area of medical records. If you have rated student previously, is there any marked improvement from last evaluation report?)

_____

_____

_____

_____

Signature and Title of Rater_____

REVIEW OF EVALUATION SHEET BY SCHOOL DIRECTOR, AND CONFERENCE WITH STUDENT:

REMARKS:_____

_____

_____

Date of Conference_____ _____
Signature of School Director

AMERICAN MEDICAL ASSOCIATION
Council on Medical Education
535 North Dearborn Street
Chicago, Illinois 60610

AMERICAN ASSOCIATION OF MEDICAL
RECORD LIBRARIANS - Education Program
211 East Chicago Avenue
Chicago, Illinois 60611

INFORMATION FOR SCHOOLS FOR MEDICAL RECORD PERSONNEL APPLYING FOR ACCREDITATION

The American Medical Association and the American Association of Medical Record Librarians cooperate in a program of establishing and maintaining standards for educational programs for medical record personnel, accreditation of schools for medical record librarians, and approval of schools for medical record technicians, in universities, colleges and junior colleges, and hospitals.

The AMA and the AAMRL have jointly established standards for the organization and conduct of such schools. The AAMRL has prepared School Administration Handbooks and guidelines on curriculum development, to assist in the organization of sound educational programs based on these standards. The official accrediting agency for schools for medical record personnel is the Council on Medical Education, AMA. The two associations encourage educational institutions to inform them of plans to develop a curriculum for medical record librarians or technicians - so that the Council on Medical Education, AMA, and the AAMRL may furnish counsel and guidance in the early stages of curriculum development.

ACCREDITATION OF NEW SCHOOLS: In the case of a new curriculum, a pre-accreditation school survey is required prior to consideration of the application for accreditation.

This pre-approval school survey is conducted after the AMA has received application forms from the school for approval of the program and program director, and has referred these applications to the AAMRL for recommendation. The pre-approval survey is ordinarily scheduled by the AAMRL during the first year of the program's operation. Every effort is made to select a time convenient for the educational institution.

CONTINUATION OF ACCREDITATION: Re-survey of established curricula for continued accreditation is done at two-four year intervals, depending upon the findings and recommendations at the initial survey.

PURPOSES OF THE ACCREDITATION SURVEYS: On-site surveys are conducted to assure the accrediting agencies that the educational program is being conducted in accordance with the minimum essentials established for such programs by the professional associations concerned; to afford an opportunity for school faculty to confer and consult with educational specialists from outside the institution; to assist the schools in their continuous programs of self-evaluation and improvement of the quality of instruction; to promote exchange of ideas between educators and practitioners of the profession.

Survey team members endeavor:

1. To gain at first hand an appreciation of the philosophy and objectives of the educational institution, and the medical record science program.

2. To obtain information sufficient to understand the total educational program, and to evaluate it in terms of its stated philosophy and objectives, and the established standards.

SURVEY PROCEDURES: Procedures are similar for pre-accreditation surveys and surveys for continuation of accreditation. After receipt of the completed applications for approval of curriculum and curriculum director, a pre-survey questionnaire is sent to the Director of the new program, approximately 4 - 6 months before the survey visit. This should be completed and returned to the accrediting agencies one month prior to survey. Informational materials about the school, such as brochures, class schedules, bulletins, and handbooks are sent along with the completed questionnaires.

SURVEY TEAM: A survey team, representing the AMA and the AAMRL, makes an on-site inspection of the school, to discuss the program with appropriate administrative officers and faculty members, visit classrooms and instructional facilities such as laboratories, libraries, instructional materials centers, and medical record department(s) designed as the primary site for student directed practice, talk to the students enrolled in the program and the registered medical record librarians responsible for student teaching or supervision of practical experience in affiliated hospitals.

Two-member teams are composed of a representative of the AMA Council on Medical Education and a representative of the AAMRL - usually the Director, Academic Department. A third member may be included, upon occasion - either the AAMRL Education Consultant or a School Director member of the Education and Registration Committee. If the educational institution wishes to have a general educator on the survey team, the institution arranges for such a representative from the appropriate regional accrediting commission.

SURVEY REPORTS: Following the on-site survey, a verbal report of findings and recommendations is made by the survey team to the Program Director and appropriate administrative officer of the school.

A letter confirming the verbal recommendations made at the time of the final conference is prepared by the Director, Academic Department, AAMRL, and sent to the Program Director and the appropriate administrative officer of the school.

A detailed survey report is prepared by the team members, and submitted to the AAMRL Committee on Education and Registration for review and recommendation to the Council on Medical Education. The survey report and recommendations of the AAMRL Education and Registration Committee are reviewed by the appropriate sub-committee of the AMA Council on Medical Education, and final action on accreditation status of the school is taken by the Council.

Results of the action taken by the CME is reported to the educational institution and to the AAMRL. Due to the committees involved in the approval process, 3 - 4 months may be required for official notification of accreditation status and submission of final report following the survey visit.

The school will receive a complete report of the survey for use as it wishes. The Council on Medical Education and the AAMRL, however, treat these survey reports as confidential information.

ANNUAL LIST OF ACCREDITED SCHOOLS: The AMA publishes an annual list of accredited schools. These lists appear each year in the November Educational Number of the JAMA.